

Description of Benefits and Copayments

Schedule A Plan CAA22

The benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the program. Please refer to *Schedule B* for further clarification of benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Codes and/or text that appear in italics below are specifically intended to clarify the delivery of benefits under the DeltaCare program and are not to be interpreted as CDT-4 procedure codes, descriptors or nomenclature which are under copyright by the American Dental Association.

Code	Description	ENROLLEE PAYS	Code	Description	ENROLLEE PAYS
D0100-D0999	I. Diagnostic		D2000-D2999	III. Restorative	
D0120	Periodic oral evaluation	No Cost	<i>Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.</i>		
D0140	Limited oral evaluation - problem focused	No Cost	<i>* Optional is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the program. The applicable charge to the Enrollee is the difference between the Contract Dentist's "filed fee" for the Optional procedure and the "filed fee" for the covered procedure, plus any applicable Copayment for the covered procedure. Optional treatment does not apply when alternative choices are benefits. "Filed fees" mean the Contract Dentist's fees on file with PMI. Questions regarding the DeltaCare program should be directed to PMI's Customer Relations department at (800) 422-4234.</i>		
D0150	Comprehensive oral evaluation		<i>¹ An amalgam is the benefit.</i>		
	- new or established patient	No Cost	<i>² Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Enrollee at the additional maximum cost to the Enrollee of \$100.00 per tooth. If a cast post and core is made of high noble metal, an additional fee up to \$100.00 per tooth will be charged for the upgraded post and core.</i>		
D0160	Detailed and extensive oral evaluation		<i>³ Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.00.</i>		
	- problem focused, by report	No Cost	<i>⁴ Replacement is subject to a limitation requiring the existing restoration to be 5+ years old.</i>		
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost	D2140	Amalgam - one surface, primary or permanent	No Cost
D0180	Comprehensive periodontal evaluation		D2150	Amalgam - two surfaces, primary or permanent	No Cost
	- new or established patient	No Cost	D2160	Amalgam - three surfaces, primary or permanent	No Cost
D0210	Intraoral <i>radiographs</i> - complete series (including bitewings)		D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
	- limited to 1 series every 24 months	No Cost	D2330	Resin-based composite - one surface, anterior	No Cost
D0220	Intraoral - periapical first film	No Cost	D2331	Resin-based composite - two surfaces, anterior	No Cost
D0230	Intraoral - periapical, each additional film	No Cost	D2332	Resin-based composite - three surfaces, anterior	No Cost
D0240	Intraoral - occlusal film	No Cost	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	No Cost
D0270	Bitewing <i>radiograph</i> - single film	No Cost	D2390	Resin-based composite crown, anterior	No Cost
D0272	Bitewings <i>radiographs</i> - two films	No Cost	D2391	Resin-based composite - one surface, posterior * ¹	Optional
D0274	Bitewings <i>radiographs</i> - four films		D2392	Resin-based composite - two surfaces, posterior * ¹	Optional
	- limited to 1 series every 6 months	No Cost	D2393	Resin-based composite - three surfaces, posterior * ¹	Optional
D0330	Panoramic film	No Cost	D2394	Resin-based composite - four or more surfaces, posterior * ¹	Optional
D0460	Pulp vitality tests	No Cost	D2510	Inlay - metallic - one surface ^{2,4}	No Cost
D0470	Diagnostic casts	No Cost	D2520	Inlay - metallic - two surfaces ^{2,4}	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report	No Cost	D2530	Inlay - metallic - three or more surfaces ^{2,4}	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No Cost	D2542	Onlay - metallic - two surfaces ^{2,4}	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No Cost	D2543	Onlay - metallic - three surfaces ^{2,4}	No Cost
D0999	Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other services)	No Cost	D2544	Onlay - metallic - four or more surfaces ^{2,4}	No Cost
D1000-D1999	II. Preventive		D2610	Inlay - porcelain/ceramic - one surface * ⁴	Optional
D1110	Prophylaxis <i>cleaning</i> - adult - 1 per 6 month period	No Cost	D2620	Inlay - porcelain/ceramic - two surfaces * ⁴	Optional
D1120	Prophylaxis <i>cleaning</i> - child - 1 per 6 month period	No Cost	D2630	Inlay - porcelain/ceramic - three or more surfaces * ⁴	Optional
D1201	Topical application of fluoride (including prophylaxis) - child - to age 19; 1 per 6 month period	No Cost			
D1203	Topical application of fluoride (prophylaxis not included) - child - to age 19; 1 per 6 month period	No Cost			
D1330	Oral hygiene instructions	No Cost			
D1351	Sealant - per tooth				
	- limited to permanent molars through age 15	\$ 10.00			
D1510	Space maintainer - fixed - unilateral	\$ 25.00			
D1515	Space maintainer - fixed - bilateral	\$ 25.00			
D1520	Space maintainer - removable - unilateral	\$ 25.00			
D1525	Space maintainer - removable - bilateral	\$ 25.00			
D1550	Recementation of space maintainer	No Cost			

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Schedule A Plan CAA22

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D2642	Onlay - porcelain/ceramic - two surfaces * 4	Optional	D3000-D3999 IV. Endodontics		
D2643	Onlay - porcelain/ceramic - three surfaces * 4	Optional	⁵ A benefit for permanent teeth only.		
D2644	Onlay - porcelain/ceramic		D3110	Pulp cap - direct (excluding final restoration)	No Cost
	- four or more surfaces * 4	Optional	D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D2650	Inlay - resin-based composite - one surface * 4	Optional	D3220	Therapeutic pulpotomy (excluding final restoration)	
D2651	Inlay - resin-based composite - two surfaces * 4	Optional		- removal of pulp coronal to the dentinocemental	
D2652	Inlay - resin-based composite			junction and application of medicament	No Cost
	- three or more surfaces * 4	Optional	D3221	Pulpal debridement, primary and permanent teeth	\$ 10.00
D2662	Onlay - resin-based composite - two surfaces * 4	Optional	D3230	Pulpal therapy (resorbable filling) - anterior,	
D2663	Onlay - resin-based composite - three surfaces * 4	Optional		primary tooth (excluding final restoration)	\$ 10.00
D2664	Onlay - resin-based composite		D3240	Pulpal therapy (resorbable filling) - posterior,	
	- four or more surfaces * 4	Optional		primary tooth (excluding final restoration)	\$ 10.00
D2710	Crown - resin (indirect) 3,4	\$ 50.00	D3310	Root canal - anterior (excluding final restoration) ⁵	\$ 45.00
D2720	Crown - resin with high noble metal 2,3,4	\$ 90.00	D3320	Root canal - bicuspid (excluding final restoration) ⁵	\$ 90.00
D2721	Crown - resin with predominantly base metal 3,4	\$ 90.00	D3330	Root canal - molar (excluding final restoration) ⁵	\$135.00
D2722	Crown - resin with noble metal 3,4	\$ 90.00	D3346	Retreatment of previous root canal therapy	
D2740	Crown - porcelain/ceramic substrate 3,4	\$ 90.00		- anterior ⁵	\$ 65.00
D2750	Crown - porcelain fused to high noble metal 2,3,4	\$ 90.00	D3347	Retreatment of previous root canal therapy	
D2751	Crown - porcelain fused to predominantly			- bicuspid ⁵	\$110.00
	base metal 3,4	\$ 90.00	D3348	Retreatment of previous root canal therapy - molar ⁵	\$155.00
D2752	Crown - porcelain fused to noble metal 3,4	\$ 90.00	D3410	Apicoectomy/periradicular surgery - anterior ⁵	\$ 60.00
D2780	Crown - ¾ cast high noble metal 2,4	\$ 90.00	D3421	Apicoectomy/periradicular surgery	
D2781	Crown - ¾ cast predominantly base metal ⁴	\$ 90.00		- bicuspid (first root) ⁵	\$ 60.00
D2782	Crown - ¾ cast noble metal ⁴	\$ 90.00	D3425	Apicoectomy/periradicular surgery	
D2790	Crown - full cast high noble metal 2,4	\$ 90.00		- molar (first root) ⁵	\$ 60.00
D2791	Crown - full cast predominantly base metal ⁴	\$ 90.00	D3426	Apicoectomy/periradicular surgery	
D2792	Crown - full cast noble metal ⁴	\$ 90.00		(each additional root) ⁵	No Cost
D2910	Recement inlay	No Cost	D3430	Retrograde filling - per root ⁵	\$ 60.00
D2920	Recement crown	No Cost	D3450	Root amputation, per root	
D2930	Prefabricated stainless steel crown - primary tooth	\$ 5.00		- not covered in conjunction with procedure D3920 ⁵	No Cost
D2931	Prefabricated stainless steel crown		D4000-D4999 V. Periodontics		
	- permanent tooth	\$ 5.00	Includes preoperative and postoperative evaluations and treatment under a		
D2932	Prefabricated resin crown - anterior primary tooth	\$ 15.00	local anesthetic.		
D2933	Prefabricated stainless steel crown with resin window		D4210	Gingivectomy or gingivoplasty - four or more contiguous	
	- anterior primary tooth	\$ 15.00		teeth or bounded teeth spaces per quadrant	\$125.00
D2940	Sedative filling	\$ 15.00	D4211	Gingivectomy or gingivoplasty	
D2950	Core buildup, including any pins	\$ 15.00		- one to three teeth, per quadrant	\$ 25.00
D2951	Pin retention - per tooth, in addition to restoration	\$ 15.00	D4240	Gingival flap procedure, including root planing	
D2952	Cast post and core in addition to crown			- four or more contiguous teeth or	
	- includes canal preparation ²	\$ 15.00		bounded teeth spaces per quadrant	\$125.00
D2953	Each additional cast post - same tooth		D4241	Gingival flap procedure, including root planing	
	- includes canal preparation ²	\$ 15.00		- one to three teeth, per quadrant	\$125.00
D2954	Prefabricated post and core in addition to crown		D4260	Osseous surgery (including flap entry and closure)	
	- base metal post; includes canal preparation	\$ 15.00		- four or more contiguous teeth or	
D2957	Each additional prefabricated post - same tooth			bounded teeth spaces per quadrant	\$250.00
	- base metal post; includes canal preparation	\$ 15.00	D4261	Osseous surgery (including flap entry and closure)	
D2970	Temporary crown (fractured tooth)			- one to three teeth, per quadrant	\$250.00
	- palliative treatment only	\$ 15.00	D4341	Periodontal scaling and root planing - four or more	
D2980	Crown repair, by report	\$ 15.00		contiguous teeth or bounded teeth spaces	
				per quadrant - limited to 4 quadrants during	
				any 12 consecutive months	\$ 15.00
			D4342	Periodontal scaling and root planing,	
				one to three teeth, per quadrant - limited to	
				4 quadrants during any 12 consecutive months	\$ 15.00

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Code	Description	ENROLLEE PAYS
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i>	\$ 15.00
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i>	\$ 12.00

D5000-D5899 VI. Prosthodontics (removable)

⁶ Includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement, if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.

⁷ Limited to 1 per denture during any 12 consecutive months.

⁸ Replacement is subject to a limitation requiring the existing denture to be 5+ years old.

D5110	Complete denture - maxillary ^{6,8}	\$110.00
D5120	Complete denture - mandibular ^{6,8}	\$110.00
D5130	Immediate denture - maxillary ^{6,8}	\$125.00
D5140	Immediate denture - mandibular ^{6,8}	\$125.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) ^{6,8}	\$125.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) ^{6,8}	\$125.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) ^{6,8}	\$125.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) ^{6,8}	\$125.00
D5410	Adjust complete denture - maxillary ⁶	\$ 10.00
D5411	Adjust complete denture - mandibular ⁶	\$ 10.00
D5421	Adjust partial denture - maxillary ⁶	\$ 10.00
D5422	Adjust partial denture - mandibular ⁶	\$ 10.00
D5510	Repair broken complete denture base	\$ 20.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$ 10.00
D5610	Repair resin denture base	\$ 20.00
D5620	Repair cast framework	\$ 20.00
D5630	Repair or replace broken clasp	\$ 20.00
D5640	Replace broken teeth - per tooth	\$ 10.00
D5650	Add tooth to existing partial denture	\$ 10.00
D5660	Add clasp to existing partial denture	\$ 10.00
D5710	Rebase complete maxillary denture ⁷	\$ 45.00
D5711	Rebase complete mandibular denture ⁷	\$ 45.00
D5720	Rebase maxillary partial denture ⁷	\$ 45.00
D5721	Rebase mandibular partial denture ⁷	\$ 45.00
D5730	Reline complete maxillary denture (chairside) ⁷	\$ 20.00
D5731	Reline complete mandibular denture (chairside) ⁷	\$ 20.00
D5740	Reline maxillary partial denture (chairside) ⁷	\$ 20.00
D5741	Reline mandibular partial denture (chairside) ⁷	\$ 20.00
D5750	Reline complete maxillary denture (laboratory) ⁷	\$ 45.00
D5751	Reline complete mandibular denture (laboratory) ⁷	\$ 45.00
D5760	Reline maxillary partial denture (laboratory) ⁷	\$ 45.00
D5761	Reline mandibular partial denture (laboratory) ⁷	\$ 45.00
D5820	Interim partial denture (maxillary) - <i>limited to initial placement of interim partial denture /stayplate to replace extracted anterior teeth during healing</i> ⁶	No Cost

Code	Description	ENROLLEE PAYS
D5821	Interim partial denture (mandibular) - <i>limited to initial placement of interim partial denture /stayplate to replace extracted anterior teeth during healing</i> ⁶	No Cost
D5850	Tissue conditioning, maxillary ^{6,7}	No Cost
D5851	Tissue conditioning, mandibular ^{6,7}	No Cost

D5900-D5999 VII. Maxillofacial Prosthetics - Not Covered

D6000-D6199 VIII. Implant Services - Not Covered

D6200-D6999 IX. Prosthodontics, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge]).

* Optional is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the program. The applicable charge to the Enrollee is the difference between the Contract Dentist's "filed fee" for the Optional procedure and the "filed fee" for the covered procedure, plus any applicable Copayment for the covered procedure. Optional treatment does not apply when alternative choices are benefits. "Filed fees" mean the Contract Dentist's fees on file with PMI. Questions regarding the DeltaCare program should be directed to PMI's Customer Relations department at (800) 422-4234.

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³ Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.00.

⁹ Replacement is subject to a limitation requiring the existing bridge to be 5+ years old.

D6210	Pontic - cast high noble metal ^{2,9}	\$ 90.00
D6211	Pontic - cast predominantly base metal ⁹	\$ 90.00
D6212	Pontic - cast noble metal ⁹	\$ 90.00
D6240	Pontic - porcelain fused to high noble metal ^{2,3,9}	\$ 90.00
D6241	Pontic - porcelain fused to predominantly base metal ^{3,9}	\$ 90.00
D6242	Pontic - porcelain fused to noble metal ^{3,9}	\$ 90.00
D6245	Pontic - porcelain/ceramic * ⁹	Optional
D6250	Pontic - resin with high noble metal ^{2,3,9}	\$ 90.00
D6251	Pontic - resin with predominantly base metal ^{3,9}	\$ 90.00
D6252	Pontic - resin with noble metal ^{3,9}	\$ 90.00
D6600	Inlay - porcelain/ceramic, two surfaces * ⁹	Optional
D6601	Inlay - porcelain/ceramic, three or more surfaces * ⁹	Optional
D6602	Inlay - cast high noble metal, two surfaces ^{2,9}	No Cost
D6603	Inlay - cast high noble metal, three or more surfaces ^{2,9}	No Cost
D6604	Inlay - cast predominantly base metal, two surfaces ⁹	No Cost
D6605	Inlay - cast predominantly base metal, three or more surfaces ⁹	No Cost
D6606	Inlay - cast noble metal, two surfaces ⁹	No Cost
D6607	Inlay - cast noble metal, three or more surfaces ⁹	No Cost
D6608	Onlay - porcelain/ceramic, two surfaces * ⁹	Optional
D6609	Onlay - porcelain/ceramic, three or more surfaces * ⁹	Optional
D6610	Onlay - cast high noble metal, two surfaces ^{2,9}	No Cost
D6611	Onlay - cast high noble metal, three or more surfaces ^{2,9}	No Cost
D6612	Onlay - cast predominantly base metal, two surfaces ⁹	No Cost

Schedule A Plan CAA22INSCAA22 (CA512)